SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. _i TOTAL IND. _1 ļ . TOTAL DEP. 20 /S TOTAL DEP. TOTAL CLAIMS

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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